

Best Practice in Teaching and Learning of GIP-Sofia, Sofia, Bulgaria

1. What is your definition of experienced based learning?

Our definition of experience-based learning predicated on David Kolb's formulation: "the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience".

Embracing this concept, we perceive experience-based learning as inductive learning – a process in the course of which particular lived experience is processed, structured, transformed and enriched with another type of knowledge in a way conducive to both its full-fledged internalization by the person's psyche, as well as to its extrapolation with a view to bringing in a positive change to the surrounding environment.

Practically, it is a circular process of analyzing the incoming experience and re-working it into concrete conceptualized knowledge to be applied in the internal mentality and external objective reality, entailing positive change and accumulating new experience that further goes through the same cycle.

At the same time, throughout this process the person acquires skills and attitudes that can be applied in other areas of life.

2. What do / would you call your best practice?

The underlying philosophy of all our activities and respectively – the psycho-social rehabilitation programmes, is based on building the person's capacity via education whilst treating them as equal and validating their knowledge and experience. Indeed, self-reflection, sharing, group discussions have always been encouraged and taking precedence over "lecture" materials, provided by the professionals. The latter have always tried to be partners in the process of recovery and not therapists or mentors.

However, the introduction of **experts by experience** practice via training and subsequent employment of the trained experts by experience as co-trainers and social workers in the programmes, run by GIP, catalytically elevated the experience-based learning to a qualitatively new level. Although it is very difficult to trace back the origins and progress of the whole process, we are positive about the results – a tangible change of the whole organization at all levels. We used to voice "declarations" related to equality and empowerment, but it was only after we acknowledged the value of lived experience as equal to the professional one **in practice** that people really understood their implications.

Therefore, we could say that the best practice at this point of development of our organization is the experts by experience training and employment, embodying the following key principles and characteristics: alignment with the people's needs; consistent with their individual circumstances and respecting their human rights and freedoms; structured and described in a program / methodology (observing certain rules); striving for quality; allowing for performance measurement and evaluation, respectively multiplication; constantly changing and evolving.

3. Brief description / goal of your best practice

The goal of our practice is to develop and implement at its best an educational program for experts by experience who would subsequently become a part of the team or of the teams of

other services/ agencies catering to the needs of people with mental illness.

In this respect, it pursues a threefold objective: improving the well-being of the involved experts by experience themselves; enhancing the quality of care and hence the recovery process of people from the same “target group” (by adding the perspective of lived experience, thus building rapport and trust, achieving better understanding of their motives and needs); changing the overall approach to recovery and support – i.e. changing the attitudes and convictions of trained professional carers, managers, service-providers, policy-makers.

4. When did you start it?

What were the reasons / motives to introduce and continue your best practice?

What was your starting situation?

The process of introducing the experts by experience practice in Bulgaria commenced with GIP-Sofia’s involvement in a 2-year project, headed “The Missing Link: increasing social inclusion by engaging experts by experience”, implemented in the period September 2009 – August 2011 in partnership with 5 other organizations.

Bulgaria’s starting situation, as compared with the other 5 countries, was “lower” and we could not implement fully all the activities envisaged. Therefore, our ambitions were limited to developing and approving an empowerment course for people with psychiatric background, encompassing the following modules: “Human Rights in Mental Health Practices”, “Work and Career”, “Illness and Symptoms”, “My personal Story”, “Work in groups” (92 classes).

GIP’s participation in the Missing Link was a transcendent experience because it provided an effective mechanism for full-bodied realization of the organization’s core values and goals towards humanizing care, empowerment, respect for human rights, organizing users’ voice in a meaningful way. Thereby, a follow-up initiative in partnership with Initiative zur sozialen Rehabilitation e.V. (Germany) was inspired. It aimed at piloting the concept for experts by experience in social exclusion (November 2012 – June 2013) and resulted in the official introduction of the profession of an expert by experience in the national register of occupations and the development of the corresponding educational standards and training programs (960 academic classes).

Since then, experts by experience had always been a part of GIP-Sofia’s team and they are already recognised as “colleagues” by relevant stakeholders in the field (state and municipal agencies, social service providers and helping professionals with whom they interact).

The truth is that the value of lived experience had not been thoroughly underestimated even before running these initiatives. Users of mental health services, former drug addicts, HIV-affected persons and representatives of other vulnerable groups had sometimes been used in the position of experts (because of their experience), but these had been separate ad hoc initiatives, without formal structure and vision. Neither had there been standardised training courses for those people in order to extend their experience and use it towards professional purposes.

5. Please describe your best practice:

Which learning goal/targets does your best practice have?

Which (learning or teaching) methods are used?

Which themes are addressed?

Which resources are used?

What requirements do the participants have to fulfil?

What standards does your best practice have?

Although “young”, the experts by experience practice had been undergoing various changes and modifications over the time and it is still evolving. The everyday practical challenges it brings provide food for thought and reflection, giving rise to introducing new developments, and yet, there are a lot of issues which, we feel, might have not received the best practical solutions.

It is still difficult to find the balance between:

- professionalisation of the position and, hence, the training itself – as the experts by experience are trained in social work topics, such as: case formulation and case management, social policies and programmes, etc.;
- processing and reworking the lived experience, and acknowledging the uniqueness of the position of the expert by experience, as compared to the expert by profession – primarily in delicate aspects like setting “boundaries” with clients (defining the subtle lines between friendship and good relationship of trust with clients).

Our experts by experience are still struggling to find their identity, as on the one hand they already feel as professionals, on the other hand – they are peers of the people they support, and on the third hand, they still have vulnerabilities related to their mental condition requiring therapeutic support. They feel confused and it is difficult to draw a clear-cut distinction between the supervision required in relation to their work and the support required by their mental illness. We have witnessed situations when some of them felt so healthy and “normal” (which is a positive thing) and after suffering a relapse, they were so deeply overwhelmed by shame, disillusionment and failure that it was difficult for them to return to work.

However, referring to the learning **goals of the training** for experts by experience, ideally after its completion the trainees are expected to have the following knowledge and skills:

General:

- to facilitate helping professionals in the process of establishing first contacts, evaluating the needs of their clients and creating individual care plans;
- to gather information about their clients’ needs of support in recovery, empowerment and social inclusion; evaluate their abilities, strengths and weaknesses;
- to help clients identify and assess existing community resources, such as legal, medical and financial assistance, housing, employment, transportation, assistance with transportation, daily care and others;
- to help clients use social services and support their integration into society;
- to provide support and counselling in crisis situations;
- to participate as co-trainers in seminars and trainings related to empowerment, recovery and social inclusion;
- to assist in evaluating the effectiveness of the measures taken by monitoring and reporting the effect of their application;
- to maintain contacts with other agencies for social services, schools and health institutions involved in providing information and receiving feedback on the overall condition of the users and their development;

Social work – related:

- to know the laws and legislation in the field of social security, social assistance; working with people with disabilities; promotion of employment;
- to know the specifics of recruitment agency: making contact between the unemployed and employers and vice versa;
- to facilitate mediation between their clients and social welfare services and relevant persons and institutions;
- to advocate for their clients’ interests with social institutions and organisations;
- to know and use the documentation mandatory for the institution in which they operate;
- to know and maintain the standards and criteria relevant for the social activities they

- perform;
- to inform and guide clients about their rights and about the types of social services they are entitled to;
- to acquaint clients with the types of institutions for social welfare and their functions;
- to know and observe professional ethics in social work;

Expert by experience – related:

- to develop an identity of an “expert by experience”- someone who can use specific personal experience (of illness, in social exclusion) to solve professional problems;
- to be able to address various aspects of this specific experience and integrate them according to the emerging needs and tasks;
- to be able to share various aspects of their experience, if this can be useful for performing a task in a professional context;
- to understand and be able to explain the difference between an "expert by experience" and “expert by training” in psychiatry, psychology, social work, nursing, etc.;
- to be able to formulate and defend a position on a specific work-related problem which is based on their specific personal experience in mental illness.

Full curriculum:

Cycle 1:	Controlling the illness and recovery	No. of classes
Module 1:	Improving health status. Maintaining good condition and the state of well-being	30
Module 2:	Skills in healthy living	30
Practical placement 1:	Co-trainers in a module for healthy living	30
Module 3:	Controlling the symptoms on one’s own	90
Practical placement 2:	Co-trainers in a module for controlling the symptoms on one’s own	30
Module 4:	Psychopathology and social functioning	30
Module 5:	Recovery: various perspectives and experience gathered	30
Module 6:	Creating a recovery plan	50
Module 7:	Recovery-based evaluation. Planning for people in crisis	30
Cycle 2:	From using to providing individual support	No. of classes
Module 8:	Experience and participation	30
Module 9:	Empowerment in theory and practice	30
Module 10:	Peer support	30
Module 11:	Advocacy for people like you	30
Module 12:	Crisis card	30
Module	Seeking a job	50

13:		
Module 14:	Maintaining a job	30
Practical placement 3:	Co-trainers in a module for seeking a job	50
Practical placement 4:	Co-trainers in a module for maintaining a job	30
Practical placement 5:	Facilitating a club for job search	30
Module 15:	Basic counseling skills	30
Cycle 3:	Collaboration and networking	No. of classes
Module 16:	Trailogue	30
Module 17:	Tandem work training	30
Module 18:	Set-up group (a discussion group of expert-by-experience trainees, helping professionals, acting EEs (if possible) and representatives of the management of the service where the position(s) of an EE is (are) introduced that is aimed to discuss the roles of the EEs: mechanisms of collaboration and interaction with professionals, concrete practical cases, relationships, etc.	30
Practical placement 6:	Co-facilitating a set-up group	30
Cycle 4:	Multiplication	No. of classes
Module 19:	Training	30
Module 20:	Group work	30
Module 21:	Portfolio	30

As can be seen, the training comprises a “lecture” part (presentations, videos, written materials, factsheets, etc.), interactive forms (discussions, case studies, project work) and practical assignments (placements, internships). It is important to emphasise that **all matters are addressed/ taught from the perspective of personal experience** which entails a fair level of reflection, sharing, group work. For example, training in symptoms, hallucinations, hearing voices is equipped with strictly scientific (expert) knowledge, refracted through the lens of one’s own lived experience.

The material preconditions for the training comprise:

- a room seating 18-20 persons with chairs arranged in a circle and 1-2 smaller rooms

- seating up to 10 persons with chairs arranged in a circle (for the training formats requiring work in small groups);
- projector with speakers and a white screen;
- flipchart or whiteboard;
- a lab/studio/ practice room – for the practical assignments.

The practical placements could be held in a social service where group work is provided, so that the future experts by experience can practice their skills in group training and facilitation.

The applicants for an experts by experience training are first invited to a structured interview aiming to explore the following areas: experience in mental health and overall life experience; experience in participation in various groups; personality; motivation for participation in the training; how critical they are to their mental health condition; level of insight to their mental health difficulties and awareness of their strengths, competences and skills in various spheres of life; expectations; etc.

The entry interview has been designed specifically to serve the purpose of the EE training selection process and it is motivated by the fact that the training itself requires investment of one's own experience; sharing with a group of other people; learning from one's own experience and the experience of other people; it is time-consuming and demands a lot of energy and efforts devoted to self-reflection, self-preparation, etc.

Although the training itself has a detailed program, sometimes "last-minute" bespoke solutions are necessitated, so that the course is tailored to the needs, interests, and singularities of the participants.

Basically, the training comprises the following main components: * learning and mastering practical skills demanded by the profession of an EE; * learning and mastering skills for team work and collaboration (including tandem work, conflict handling and resolution, communication, etc.); * learning and mastering skills for developing one's own personality (assertive attitude, presenting one's own "business card", etc.).

Although we have elaborated a 960-class program, it has never been taught at one go. Usually the initial training lasts between 5 days and 3-4 weeks, depending on the specifics of the group. If some of the people have participated in similar training as part of their rehabilitation programmes or they have professional knowledge acquired via formal training (degrees in social work, psychology, etc.), obviously they would not need to go through all modules of the course.

After the initial training for experts by experience each newly hired person in this position goes through additional induction training (within a month) and is assigned a coach who supports them along the way (whenever needed). Additionally, each EE is provided administrative supervision, as well as "clinical" supervision related to the cases they work on.

Each EE works in a tandem pair with a social worker, while it is possible for the tandem pair to change. Our experience has proved that in order to be successful in their position, experts by experience require ongoing support.

Also, it might be good for them to have their "therapeutic support" provided by a service provider different from their employer.

6. What did you learn from your experiences with your best practice?

- **What are the outcomes of your best practice?**

The main lessons learned from implementing the experts by experience training so far can be summarised in the following main points:

- The training should be aligned to the needs of the trainees (educational needs, self-realisation, etc.) – it is very difficult to adhere to the same design and contents of the training for each single group of trainees and very often (for good or bad) adaptation is needed.
- As the training draws on the personal experience of the trainees – asking them to be authentic, to share their personal stories and private aspirations, it is highly important that they feel safe and secure throughout the process – to be able to choose the level of their involvement, to have all information available regarding the training (in terms of contents and administration), to have mutually agreed and respected group rules in place, guaranteeing respect for diversity and tolerance during the educational process.
- Despite its flexibility and adaptability, the training needs to be structured, organised, to have a pre-determined programme in writing, clear time frame. Given the specifics of people with mental health problems who very often suffer personality disintegration, failure of life plans, etc., structured approach is of particular importance.
- As the training should allow for quantitative evaluation of the results, benchmarking against a control group and, respectively, multiplying the practice, we have developed measurable criteria (indicators) to assess its efficiency and quality: dropout rate; successful completion of the training rate; employment rate of the people who have completed the training. At this stage, the results of the most recent group of experts by experience are, as follows: 10% dropout; all people out of the remaining 90% applied for a position as an expert by experience on finishing the training and half of them were employed and managed to keep their job.
- Constantly evolving and changing – after the first “issue” of the training we have made changes in the “curriculum” in the direction of strengthening the area related to professionalising the position of an expert by experience – i.e. more in-depth knowledge and skills in social work and parallelly to this, we developed a programme for maintaining the job which could be fully applied by other social services employing experts by experience.
- One of the lessons learned is that additional efforts should be invested in working with the management and the team of the employing organisation, so that the environment is prepared to accept and integrate the expert by experience as an equal team member. It is also important to have succession and continuity – i.e. the knowledge should be transferable and persevere in the organisation.
- Ensuring quality – this is the least explored element requiring further efforts on part of our team.

7. How might these experiences be useful to the Empowerment College?

The developed training for experts by experience, as well as the psycho-social rehabilitation programmes could be used when elaborating the curriculum of an empowerment college. Furthermore, our work on supported employment and particularly the recent serious involvement in the area of human rights oriented towards developing and piloting supported decision-making mechanisms for people with mental illness as an alternative to full custody, shall inform the development of high quality modules for the College (“My rights” and “Participation and social inclusion”).

For the successful implementation of an Empowerment College we could also rely on synergies between the group specialised programmes (symptoms management, communication skills, etc.) as well as the training in key competences (computer literacy, English, Italian, Literature, arts, music, photography) that are run in GIP-Sofia’s social services.

8. Is there anything else that is important in this context?

9. List of Research or Literature in connection with your project:

The Missing Link, increasing social inclusion engaging experts by experience: charter and Tandem Reflection Tool

O'Hagan, Mary: Leadership For Empowerment and Equality: A proposed model for mental health user/survivor leadership. December 2009

O'Hagan, Mary, Trimbos: Peer Worker Competencies and Change Management Tools. 31 March 2011

Utschakowski, Jörg: Implementation of peer-experts in mental health practice

Utschakowski J. (program leader EX-IN) and H.P.M. van Haaster (ed.): Reflecting experiences, recognizing knowledge, Textbook for the EX-IN curriculum,